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A CASE OF ABSCESS OF THE TEMPORO- SPHENOIDAL LOBE, AND OF THE MIDDLE LOBE OF THE CEREBELLUM.

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F. M., a married farmer, thirty-two years old, was admitted to the Illinois Central Hospital for the Insane four weeks after the development of insanity, a cause for which could not be determined. But little of the previous history could be learned. Several weeks previously to admission to the hospital, the patient complained of severe headache, and he became dull and stupid. A short time afterward "he had seven fits." On admission, no symptoms of organic brain-disease were observed. Three days later, however, it was noted that the gait was cerebellar; vertigo was complained of; ptosis appeared, and some aphasia was evident. The condition continued for several weeks, when early one morning the man had a severe convulsion, followed by vomiting. Seven hours later he had another attack of vomiting, followed by apoplectic symptoms. He became unconscious, with face turgid; frothy mucus was discharged from the mouth; respiration was slow and labored; the pulse was bounding; the temperature was 100.2° ; there was conjugate deviation of the eyes downward and to the right; the pupils were insensible to



light; there was left hemiplegia, with some hemianesthesia; there were no muscular contractions; the bowels moved involuntarily. On the following day the paralytic symptoms were more extensive, the muscles of deglutition being involved. Coma was profound; the temperature was 101.2° ; the pulse 89; the respiration 40. There was some pulmonary edema. A day later, the pulmonary edema was more pronounced; the pulse was 94; the temperature 100.4° ; the respiration 42. Ptosis of the right side was now observed. The next day brought little change. The pulse was 98; the temperature 99.2° ; the respiration 36. On the following day the pulse was 120; the temperature 101.2° ; the respiration 56. The patient went into a state of collapse, from which he failed to emerge.

A post-mortem examination was made thirteen hours after death. The dura mater was found adherent in the occipital region, just above the internal occipital protuberance, in an area an inch and three-quarters by half an inch. The meninges were engorged on the right side. The pia was adherent to the cerebrum beneath the area referred to. On cutting through the falx cerebri, cheesy material was found attached to it. On removing the brain, shreds of broken-down brain-substance and pus were noticed at the base. On section of the brain, an unencapsulated abscess was found in the right temporo-sphenoidal lobe, extending to and opening into the lateral ventricle. The centrum ovale was uninvolved. The mass of disorganized brain-substance was not purulent. A deposit of pus was found at the base, in the region of the motor oculi nerve. Further section revealed the existence of an abscess in the middle lobe of the cerebellum.

The presence of a lesion of the cerebellum had been diagnosticated from the pressure-symptoms, the vomiting, the titubation, and the ptosis, but tumor was suspected, and not abscess. The terminal symptoms of

the abscess of the temporo-sphenoidal lobe simulated those of cerebral hemorrhage. The perforation into the lateral ventricle, however, affords the explanation. Pressure in the region of the internal capsule will account for the temperature-range, and the involvement of the fourth ventricle for the varied motor symptoms. The temperature-range may also be explained by the inflammatory process in the ventricles. The probable cause of the multiple abscesses was a traumatism in the occipital region at a point externally corresponding with the localized adhesion of the dura internally. There were no evidences of ear-disease, necrosis of bone, or previous suppurative process elsewhere.

The case reported is interesting, first, because of the obscure symptoms attending the abscess in the temporo-sphenoidal lobe and the existence of marked signs of cerebellar pressure; and, second, because of the infrequency of multiple abscesses from traumatism in the regions occupied.

The latent abscess terminated precipitately, hence the apoplectic character of the symptoms.

